

VIA FACSIMILE: 1-703-872-9306

Atty. Docket No. GEN10 P-453

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Prabodh M. Dharja  
Group Art Unit : 2673  
Appln. No. : 10/775,434  
Filing Date : February 10, 2004  
Applicants : John K. Roberts et al.  
For : VEHICLE INFORMATION DISPLAYS  
Confirmation No. : 9417

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims as Amended Form
2. Amendment

YOU SHOULD RECEIVE A TOTAL OF 20 PAGES.

6/27/05  
Date

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Attorney Docket No. GEN10 P-453

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 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.  
 Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*30	Minus	**30	=00	x \$25	\$00	x \$50	\$ 00
Independent Claims	*10	Minus	**10	=00	x \$100	\$00	x \$200	\$ 00
First Presentation of Multiple Dependent Claims \$180						\$00	x \$360	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$000

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

**Attorney Docket No. GEN10 P-453**

\*\*\*\* The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☐ No additional fee is required.
3. ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
4. ☐ Charge Terminal Disclaimer Fee under 37 CFR 1.20(d) in the amount of \_\_\_\_\_ to Deposit Account 07-1070.
5. ☒ Please charge all fees or credit overpayment to Deposit Account No. 07-1070. A duplicate of this sheet is attached.

Respectfully submitted,

Date: June 27, 2005

James E. Shultz Jr.  
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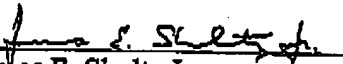
*Attorney Docket No. GEN10 P-453*

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Date: June 27, 2005

  
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Sir:

AMENDMENT

In response to the Office Action dated March 28, 2005 the Applicants offer the following response:

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

**Amendments to the Claims:**

This listing of claims will replace all prior versions, and listings, of claims in the application.